Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Capacity Building Initiative for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults

Short Title: HIV Capacity Building Initiative (HIV CBI)

(Initial Announcement)

Request for Applications (RFA) No. SP-15-005

Catalogue of Federal Domestic Assistance (CFDA) No. 93.243

PART 1: Programmatic Guidance

[Note to Applicants: This document must be used in conjunction with SAMHSA's "Request for Applications (RFA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements". PART I is individually tailored for each RFA. PART II includes requirements that are common to all SAMHSA RFAs. You must use both documents in preparing your application.]

Key Dates:

Application Deadline	**Applications are due by April 23, 2015.**
Intergovernmental Review **(E.O. 12372)**	**Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

Table of Contents

EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2015 Capacity Building Initiative for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults (HIV CBI).

The purpose of the HIV CBI program is to support an array of activities to assist grantees in building a solid foundation for delivering and sustaining quality and accessible state of the science substance abuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes and tribal organizations to prevent and reduce the onset of SA and transmission of HIV/AIDS among at-risk populations, including racial/ethnic minority youth and young adults, ages 13-24, hereafter referred to as the population of focus. SAMHSA is particularly interested in eliciting the interest of college and university clinics/wellness centers and community-based providers who can provide comprehensive substance abuse and HIV prevention strategies. These strategies must combine education and awareness programs, social marketing campaigns, and HIV and viral hepatitis (VH) testing services in non-traditional settings with substance abuse and HIV prevention programming for the population of focus. All grantees must be prepared to serve the community in which they are located.

The HIV CBI is one of CSAP's Minority AIDS Initiative (MAI) programs. The purpose of the MAI is to provide substance abuse and HIV/VH prevention services to at-risk minority populations in communities disproportionately affected by HIV/AIDS.

Funding Opportunity Title:	Capacity Building Initiative (CBI) for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults (Short Title: HIV CBI)
Funding Opportunity Number:	SP-15-005
Due Date for Applications:	April 23, 2015
Anticipated Total Available Funding:	$ 14,193,763
Estimated Number of Awards:	48
Estimated Award Amount:	Up to $300,000 per year
Cost Sharing/Match Required	No
Length of Project Period:	Up to 5 years

Eligible Applicants:	Community-level domestic, public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes (AI/AN) and tribal organizations, and urban Indian organizations. [See Section III-1 of this RFA for complete eligibility information.]

Be sure to check the SAMHSA website periodically for any updates on this program.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) is accepting applications for fiscal year (FY) 2015 Capacity Building Initiative for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults (HIV CBI).

The purpose of the HIV CBI program is to support an array of activities to assist grantees in building a solid foundation for delivering and sustaining quality and accessible state of the science substance abuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes and tribal organizations to prevent and reduce the onset of SA and transmission of HIV/AIDS among at-risk populations, including racial/ethnic minority youth and young adults, ages 13-24. SAMHSA is particularly interested in eliciting the interest of college and university clinics/wellness centers and community-based providers who can provide comprehensive substance abuse and HIV prevention strategies. These strategies must combine education and awareness programs, social marketing campaigns, and HIV and viral hepatitis (VH) testing services, in non-traditional settings with substance abuse and HIV prevention programming for the population of focus. All grantees must be prepared to serve the community in which they are located.

The HIV-CBI is one of CSAP's Minority AIDS Initiative (MAI) programs. The purpose of the MAI is to provide substance abuse and HIV/VH prevention services to at-risk minority populations in communities disproportionately affected by HIV/AIDS.

The objective of this program supports the four primary goals of the National HIV/AIDS Strategy which include: 1) reducing new HIV infections, 2) increasing access to care and improving health outcomes for people living with HIV, 3) reducing HIV-related disparities and health inequities, and 4) achieving a coordinated national response to the HIV epidemic.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Over the years, SAMHSA in collaboration with other federal agencies, states, local organizations, and individuals including consumers and the recovery community, has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders.

According to 2012 CDC data released in 2014, youth in the United States account for a substantial number of HIV infections. Gay, bisexual, and other men who have sex with men account for most new infections in the age group 13 to 24; black/African American or Hispanic/Latino gay and bisexual men are especially affected. Continual HIV prevention outreach and education efforts, including programs on abstinence, delaying

the initiation of sex, and negotiating safer sex for the spectrum of sexuality among youth—homosexual, bisexual, heterosexual, and transgender—are urgently needed for a new generation at risk.

The HIV CBI program seeks to address behavioral health disparities among at-risk populations, including racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

HIV CBI grants are authorized under 516 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA. The HIV CBI program supports SAMHSA's Strategic Initiatives: Prevention of Substance Abuse and Mental Illness, and Healthcare and Health Systems Integration.

2. EXPECTATIONS

Grantees will be funded for up to five years (based on the availability of funds) to support infrastructure development, environmental prevention strategies[1] and evidence-based interventions using SAMHSA's Strategic Prevention Framework (SPF). SPF is a process that moves community stakeholders from vision to practice. Using SAMHSA's online database management system (Common Data Platform), grantees will be required to collect and submit their progress data on each of the following five SPF steps (Assessment, Capacity Building, Planning, Implementation, and Evaluation) to achieve the goals of the program. (See Section I-2.1, Required Activities, below.)

Grantees must submit a comprehensive strategic plan (based on relevant data that identify the SA and HIV problems in their communities), that proposes to provide direct services, environmental strategies, HIV and VH testing services, and build infrastructure to increase new provider capacity. The plan must focus on at risk populations, including racial/ethnic minority youth and young adults ages 13-24.

Although grantees will have flexibility in designing their comprehensive strategies for their project, applicants must develop and submit a budget that complies with the activities/services and budget restrictions outlined below.

Applicants **must** budget for the following <u>required</u> activities:

[1] Environmental prevention strategies focus on creating system-level change. They emphasize a broad approach to prevention, associating substance use behavior with not only personal characteristics, but also with environmental influences such as the rules and regulations of social institutions; media messages; and accessibility of alcohol, tobacco, and illicit drugs.

- At least 45 percent for direct prevention activities[2].
- Up to 10 percent for HIV testing.
- Up to 5 percent for viral hepatitis testing and services (based on risk and United States Preventive Services Task Force guidelines), including Hepatitis testing (B, C [antibody and confirmatory]) and Hepatitis A and B vaccination (Twinrix).
- Up to 20 percent for data collection and performance assessment.
- Up to 10 percent for environmental strategies.
- Up to 10 percent for infrastructure, as needed.

Applicants will be required to report outcome measures based on the Common Indicators for HHS-funded HIV programs and services, located at: www.aids.gov/pdf/hhs-common-hiv-indicators.pdf.

Applicants will also be expected to produce additional measurable outcomes, i.e.:

- Increase community capacity to provide SA, HIV and VH prevention services.
- Increase the protective environment of the community to prevent SA and transmission of HIV and VH through education and capacity building to provide these services.
- Increase knowledge about SA, HIV and VH.
- Increase the number of the population of focus tested and/or referred for SA or HIV and VH services.
- Increase HIV and VH testing and counseling by 15% each year.
- Decrease substance use by 10% each year.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving your award. In this statement, you must propose: (1) the number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

[2] Prevention programs in the **direct services** venue attempt to educate individuals (children and adults) about health risks, communicate rules and expectations, teach life skills or resistance skills, and provide specialized services to those high-risk or indicated, selective and universal populations all in a group instructional setting provided to individuals enrolled in an ongoing or time limited program.

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

2.1 Required Activities

HIV CBI grant funds must be used to support SA/HIV/VH infrastructure development, including the following types of activities:

- systems development;
- organizational collaboration and coordination;
- workforce development training;
- improve provider network and service systems;
- prevention planning for risk reduction, outreach, and testing.

Up to 10% may be used for infrastructure, as needed. If infrastructure enhancements are not needed, the applicant must use the remaining 10% of grant funds for additional direct prevention services (See Section I.2, Expectations).

1. Conduct a Needs Assessment

SAMHSA expects grantees to conduct a needs assessment of the community(ies) within the first six months after award and utilize existing community/county data to

identify at risk populations, including racial/ethnic minority youth and young adult populations (ages 13-24) vulnerable to SA, HIV/AIDS and VH problems and disparities. The needs assessment should include prevalence and incidence data on alcohol consumption, drug use, HIV/AIDS and VH prevalence or incidence rates among the population of focus.

Grantees must form and manage a workgroup with key stakeholders or work with an existing epidemiological workgroup to collect and analyze relevant community indicator data. The needs assessment should be broad enough to encompass the entire specified catchment area for the proposed project. If you are already engaged in a needs assessment effort, you should work with your local or State Epidemiological Outcomes Workgroup (SEOW) to enhance and supplement the current process and its findings.

Your community needs assessment should be based on the collection and analysis of epidemiological data and must include:

- Assessment of the magnitude of SA, HIV and VH;
- Assessment of risk and protective factors associated with SA, HIV and VH;
- Assessment of the number of individuals at risk for SA, HIV and VH as described in your catchment area;
- Assessment of the HIV CBI community's assets and resources;
- Identification of gaps in services and capacity;
- Assessment of readiness to act; and
- Identification of priorities based on epidemiological analyses.

Additionally, needs assessment data can be obtained from state governmental agencies and community programs, including those listed below:

- HIV Prevention Community Planning Groups funded by the CDC, National Center for HIV/AIDS, STD, TB Prevention (NCHSTP);

- Health Resources and Services Administration (HRSA) Ryan White Planning Councils;

- Juvenile and adult criminal justice, correctional, parole systems and reentry programs;

- National Immunization Program, and HIV/AIDS CDC funded projects; and

- American Indian/Alaska Native tribal councils, tribal community-based organizations, tribal governments, and Indian Health Service-funded programs.

SAMHSA expects that these data collection efforts will support ongoing monitoring and evaluation throughout the five-year project period, as described in Step 5 below.

NOTE: Applicants who have completed a comprehensive needs assessment on the populations of focus for this RFA within the last two years should include a copy of their needs assessment in Appendix 5 of their application. SAMHSA's Government Project Officer (GPO) will review the needs assessment upon receipt. If you receive an HIV CBI grant award and your needs assessment adequately addresses the populations of focus for this RFA, you may be permitted to carry out only steps 2-5 of the SPF. If you receive an HIV CBI grant award and your needs assessment is not approved, you will be required to carry out steps 1-5 of the SPF.

2. Mobilize and/or build capacity to address SA, HIV and VH prevention needs

Grantees must develop and enhance local capacity and mobilize community resources in order to implement effective programs, practices, and policies to prevent and reduce the onset of SA, reduce sexual risk factors to prevent new HIV and VH infection rates, and decrease HIV transmission among at risk populations, including racial/ethnic minority (African-American, Hispanic/Latino, Asian American/Pacific Islanders (AA/PI) and American Indian/Alaska Natives (AI/AN) youth and young adults (ages 13-24). Grantees should develop and implement culturally and linguistically appropriate SA/HIV/AIDS and VH prevention strategies that can effectively reach SA users and their sexual partners in their natural environments. To ensure coordination and successful implementation of the HIV CBI, grantees should also collaborate, coordinate and meet routinely with key stakeholders or representatives from state governmental agencies, publicly funded STD programs and community programs, including those listed below:

- HIV Prevention Community Planning Groups funded by the CDC, National Center for HIV/AIDS, STD, TB Prevention (NCHSTP);
- Health Resources and Services Administration (HRSA) Ryan White Planning Councils;
- Juvenile and adult criminal justice, correctional, parole systems and reentry programs;
- National Immunization Program, and HIV/AIDS CDC funded projects; and
- American Indian/Alaska Native tribal councils, tribal community-based organizations, tribal governments, and Indian Health Service-funded programs.

3. Develop a data-driven comprehensive strategic plan

Grantees are required to develop a strategic plan (Step 3 of the SPF) resulting from the documented community needs assessment. Grantees must plan to provide culturally and linguistically age appropriate evidence-based SA/HIV and VH direct prevention and environmental prevention strategies for the population of focus. The comprehensive strategic plan must be based on documented population needs and include an array of appropriate evidence-based SA/HIV/VH and environmental prevention strategies. (Refer to CAPT Webinars: Help Practitioners Implement Environmental Prevention Strategies at http://captus.samhsa.gov/access-

resources/capt-webinars-help-practitioners-implement-environmental-prevention-strategies).

The strategic plan should provide information on: 1) how the applicant proposes to provide direct and indirect environmental evidence-based prevention intervention strategies; and 2) how grantees will conduct HIV and VH testing activities for the population of focus. This information must also be provided in Section B, Proposed Approach, of your Project Narrative.

[NOTE: SAMHSA expects that all grantees will have a needs assessment and strategic plan finalized and approved within the first six months of the project. The strategic plan must be approved by the SAMHSA GPO before grantees can implement their prevention strategies – (Step 4 of the SPF).]

4. Implement Evidence-Based Prevention Intervention Strategies

Grantees are expected to select and implement an array of evidence-based SA/HIV/VH prevention interventions, including environmental strategies. (Refer to Center for the Application of Prevention Technologies (CAPT) Webinars: Help Practitioners Implement Environmental Prevention Strategies at http://captus.samhsa.gov/access-resources/capt-webinars-help-practitioners-implement-environmental-prevention-strategies) For examples of HIV prevention strategies, refer to CDC Effective Intervention: Social Marketing at http://www.effectiveinterventions.org/en/HighImpactPrevention/SocialMarketing.aspx A timeline for implementation, with key milestones, must be included in Section B, Proposed Approach of your Project Narrative.

During the implementation phase, grantees are expected to conduct the following tasks:

- Conduct focus groups to identify high risk populations, including (African-American, Hispanic/Latino, Asian American/Pacific Islander (AA/PI) and American Indian/Alaska Native (AI/AN)) youth and young adults ages 13- 24;
- Implement evidence-based SA/HIV/VH prevention and direct and indirect environmental prevention strategies to change community norms;
- Provide outreach that includes prevention education strategies to reach racial/ethnic minority youth and young adults;
- Implement required strategies for testing and linkage services to include:
    - SA, HIV and VH screening and risk assessments, including the purchase of HIV test kits. Applicants that provide rapid HIV testing services must refer to Appendix I of this RFA to review SAMHSA's Rapid HIV Testing Requirements and funding limitations for the purchase of rapid HIV test kits, control kits, confirmatory kits, and/or confirmatory laboratory services. Fourth generation

HIV rapid testing is recommended. Funds may also be used to purchase hepatitis rapid tests.

- Pre/Post SA, HIV and VH counseling [NOTE: Applicants that provide rapid HIV testing must provide pre-counseling before the administration of the rapid HIV test and post counseling when preliminary results have been provided.];

- Linkage to appropriate counseling, medical treatment (including VH testing and referrals to treatment), and other supportive services for participants who are confirmed HIV positive;

- Linkage to effective counseling for high-risk persons who tested negative to decrease their risk of acquiring HIV and engaging in substance use and abuse.

5. Assess performance of HIV CBI

Grantees will be accountable for the results of their HIV CBI project and are required to provide ongoing monitoring and performance assessment of project activities. Grantees must assess program effectiveness, ensure quality of the services and strategies provided, identify successes, implement needed improvement, and promote sustainability of effective policies, programs, and practices. Grantees must be prepared to adjust their implementation plans based on the results of their performance assessment activities.

In addition, SAMHSA strongly encourages grantees to submit data and performance assessment results, when completed, to SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) for review and rating of scientific rigor.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in Section D: Data Collection and Performance Measurement of your application. Grantees will be required to report performance on SAMHSA's National Outcome Measures (NOMs) that can be collected and reported at the participant and community level in time for the implementation step of the proposed project. The NOMs have been defined by SAMHSA as key priority areas relating to SA. This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. Data will be collected using an online database management system to be provided by SAMHSA. This system provides access to the NOMs survey instrument and the progress report. The NOMs survey instrument will be used to collect performance data on the populations of focus. Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

SAMHSA has aligned its HIV, VH testing and data collections efforts with the HHS Secretary's mandate to standardize indicators for HIV prevention, treatment and care services. To meet these requirements, grantees must report on the following core indicators for individuals who received HIV testing:

- HIV Positivity;
- Antiretroviral Therapy (ART) Among Persons in HIV Medical Care;
- Linkage to HIV Medical Care and/or VH Care; and
- Housing Status.

Additional information on these requirements will be provided to grantees after award.

The collection of these data will enable CSAP to report on key outcome measures relating to substance use. In addition to these outcomes, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing behavioral health disparities nationwide.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted quarterly to the GPO for review and approval within the required progress report.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What were the effects of evidence-based SA/HIV/VH prevention and direct and indirect environmental prevention strategies on SA, HIV and VH prevention outcomes related to knowledge, attitude and/or behavior?

- What program/contextual/cultural/linguistic factors were associated with outcomes?

- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?

- How durable were the effects?

Process Questions:

- Number served by age group and population type.

- Number of evidence-based SA/HIV/VH prevention, direct and indirect environmental prevention programs implemented.

- Number of persons trained in SA, HIV and VH prevention education.

- Number of persons tested for HIV and VH, number of persons with positive results, number receiving counseling and referrals.

- How closely did the implementation match the plan?

- What types of changes were made to the originally proposed plan?

- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?

- What led to the changes in the originally proposed plan?

- What effect did the changes have on the planned intervention and performance assessment?

- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

2.4 Grantee Meetings

Grantees must plan to send a minimum of three people (including the Project Director, Project Coordinator and the Evaluator) to at least one joint grantee meeting in each year of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: $ 14,193,763

Estimated Number of Awards: 48

Estimated Award Amount: Up to $300,000

Length of Project Period: Up to 5 years

Proposed budgets cannot exceed $300,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Cooperative Agreement
These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

Grantees must comply with the terms of the HIV CBI including implementation of all required SPF activities described in Section I-2, Expectations, of this RFA. Grantees must agree to provide SAMHSA with all required performance data, collaborate with SAMHSA/CSAP staff in all aspects of the HIV CBI, and participate in submission of all required forms, data, and reports on a quarterly basis.

Role of SAMHSA Staff:

- Reviews or approves one stage of a project before work may begin on a subsequent stage during a current approved project period;
- Assists the grantee in the development of a selection process for the grant's sub-awards and reviews and approves sub-recipient contracts and awards;
- Recommends outside consultants for training, site specific evaluation and data collection;
- Oversees development and implementation of a multi-site evaluation in partnership with evaluation contractors and grantees; and
- Submits required clearance packages to the U.S. Office of Management and Budget (OMB) using information and materials provided by the grantee and evaluation contractor.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are community-level domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes (AI/AN) and tribal organizations, and urban Indian organizations. For example, community-based organizations, faith-based organizations, middle and high schools, colleges and universities, health care delivery organizations, local governments, federally recognized American Indian/Alaska Native Tribes (AI/AN) and tribal organizations, and urban Indian organizations are eligible to apply. Tribal organization means the recognized body of any AI/AN Tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribal organizations are eligible to apply, but each participating entity must indicate its approval.

SAMHSA is limiting eligibility to these entities as community level entities are in the best position to strengthen organizational capacity, expand the number of providers serving at-risk populations, including racial and ethnic minorities, in the HIV/AIDS system of care, and provide HIV prevention services in racial and ethnic communities, as they have direct responsibility for these services and supports.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are no page limits for these sections, except for Section E, Biographical

Sketches/Job Descriptions. Additional instructions for completing these sections are included in PART II – V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 5** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2 and 5. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

    - **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support.)**

    - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

    - **Attachment 3:** Sample Consent Forms

    - **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).

    - **Attachment 5:** If completed in the last two years, a copy of your comprehensive needs assessment on your population of focus.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 23, 2015**.

3. FUNDING LIMITATIONS/RESTRICTIONS

- At least 45 percent for direct prevention activities;

- Up to 10 percent for HIV testing;

- Up to 5 percent for viral hepatitis testing and services (based on risk and United States Preventive Services Task Force guidelines), including Hepatitis testing (B, C [antibody and confirmatory]) and Hepatitis A and B vaccination (Twinrix).

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

- Up to 10 percent for environmental strategies;
- Up to 10 percent for infrastructure enhancements, as needed.

Be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 30 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or it will not be considered, i.e., type "A-1", "A-2", etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section V and Appendix F).
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (15 points)

1. Identify the proposed catchment area and provide demographic information on the population(s) to engage in activities through the targeted systems or agencies in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic status and sexual identity (sexual orientation, gender identity).
2. Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any,

relating to access/use/outcomes of your provided activities, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.

3. Document the need for an enhanced infrastructure to increase the capacity to implement sustain, and improve effective SA prevention services in the proposed catchment area that is consistent with the purpose of the program and intent of the RFA. Include the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. The documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data [e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for your program. If you are not proposing any infrastructure enhancements, explain why.

4. Describe how you will develop your Needs Assessment.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D: Data Collection and Performance Measurement.

2. Describe how achievement of goals will increase system capacity to support effective SA, HIV and VH prevention services.

3. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives.

4. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development and explain how you will work with them.

5. Describe how the proposed activities will be implemented and how they will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. For additional information go to: http://ThinkCulturalHealth.hhs.gov.

6. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in Section I-2: Expectations. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

7. Describe how you propose to provide direct and indirect environmental evidence-based prevention intervention strategies.

8. Describe how you will conduct HIV and VH testing activities for the population of focus.

9. Identify the EBP you propose to implement for the population of focus. If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, and explain why it is appropriate for the population of focus. If applicable, describe any modifacatons that will be made to the EBP or practice and the reasons the modifications are necessary.

Section C: Staff, Management, and Relevant Experience (20 points)

1. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.

2. Discuss how key staff and stakeholders have demonstrated experience and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

3. Discuss the capability and experience of the applicant organization with similar projects and populations, including experience in providing culturally appropriate/competent services.

Section D: Data Collection and Performance Measurement (30 points)

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your infrastructure program. If applicable, specify and justify any additional measures you plan to use for your grant project.

2. Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your infrastructure program should map onto any continuous quality improvement plan, including consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.

3. Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed and reduced.

4. Describe your plan for conducting the local performance assessment as specified in Section 1-2.3 of this RFA and document your ability to conduct the assessment.

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section F of your application. See Appendix I of this document for guidelines on these requirements.

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. Grantees will be expected to submit quarterly reports to their GPOs.

VII. AGENCY CONTACTS

For questions about program issues contact:

Jeanette Bevett-Mills
Community Grants and Program Development Branch
Division of Community Programs
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road - Room 4-1124
Rockville, Maryland 20857
(240) 276-2487
Jeanette.Bevett-Mills@samhsa.hhs.gov

NOTE: FOR ADDITIONAL INFORMATION ON THE RFA PLEASE CALL THE HELP DESK AT 240-276-0147

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road

Room 7-1091
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

Appendix I – SAMHSA's Rapid HIV Testing Requirements

Grantees that meet the requirements delineated below for rapid HIV testing **may use up to 10 percent of the total direct costs to purchase rapid HIV antibody test kits, control kits, confirmatory kits, and/or confirmation laboratory services to test individuals.**

A. Grantees must obtain the following trainings:

- Basic fundamentals of HIV/AIDS training, as recognized by the state.
- State-certified HIV Counseling, Testing, and Reporting (CTR) Services.
- Fundamentals of Rapid HIV Testing and Pre/Post Test Prevention Counseling with the OraQuick® Rapid HIV-1 Antibody Test *(provided by SAMHSA or CDC, and State training, as required).*

B. CLIA Certificate of Waiver: Trained award recipients must obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. Instructions on how to obtain this waiver are available at: http://wwwn.cdc.gov/cliac/pdf/Addenda/cliac0210/Addendum%20F.pdf

C. State regulations: Grantees must adhere to their state HIV testing regulatory requirements. A copy of state compliance documentation on rapid HIV testing (i.e., HIV Prevention Counseling, Partner Notification, Disease Reporting protocol) must be provided. State agency contacts are listed at

http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/State_Agency_and_Regional_Office_CLIA_Contacts.html

D. Linkages to Care: Trained service providers on Rapid HIV testing MUST provide signed Memoranda of Understanding (MOUs) or Agreement (MOAs) in Attachment 1 of your application demonstrating established linkage networks for participants needing appropriate counseling, treatment, and support services. Linkages to care must consist of, but are not limited to, partnership(s) with: local health departments and AIDS service organizations to secure appropriate HIV/AIDS support resources including HIV testing, laboratory services, HIV/AIDS primary and behavioral health care services, and other necessary support services (e.g., insurance, housing, food, transportation). Grantees can arrange, through a Memorandum of Agreement (MOA), with local health provider for HIV testing of participants, on campus or in the communities. You may use up to twenty percent (10 percent) of the total direct costs of the award to purchase rapid HIV test kits for providers to conduct on- and off-site HIV testing services.

E. Rapid HIV Testing Quality Assurance Plan: Trained service providers must provide a copy of their site's rapid testing policies, procedures, and Quality Assurance (QA) plan (i.e., records management, self-monitoring protocol, test

reliability and validity, and use of control kits). For information on CDC's QA guidelines, visit: www.cdc.gov/outreach/resources/OraQuick_Testing_Plan.doc.

F. Policies & Procedures: Grantees must provide a copy of the following policies and procedures before initiating SAMHSA's new rapid testing protocol:

- *Informed Consent Form* – Grantees must have an informed consent form for participants to give consent to confidential or anonymous testing and HIV prevention and risk reduction counseling.

- *Legal/Ethical Policies* - Grantees must know their state laws regarding who may implement Counseling, Testing, and Referral (CTR) procedures and disclosure of an individual's HIV status (whether positive or negative) to partners and other parties. Organizations are also obligated to inform participants about state laws regarding the reporting of child abuse, sexual abuse of minors, and elder abuse.

- *HIPAA Compliance/Participant Protection and Confidentiality* – Grantees must maintain the confidentiality of client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II. For information on HIPAA compliance, visit: http://www.hhs.gov/ocr/hipaa.

- *Safety* – Grantees must have guidelines for personal safety and security in non-traditional settings, for assuring minimal safety standards (including biohazard waste disposal) as outlined by the Occupational Safety and Health Administration.

- *Volunteers* – Grantees using volunteers must follow state requirements.

- *Data Security* - Grantees must collect and report data consistent with SAMHSA/CDC requirements to ensure data security and confidentiality. This includes written protocols on how to collect and analyze CTR data according to State and local policies.

Appendix II – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled "Protection of Human Subjects Regulations" to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

    - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

    - Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

    - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

    - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

    - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

    - Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

   - Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $30.

   - State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

   - Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

   - Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

   - Provide in Attachment 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:

    - How you will use data collection instruments.

    - Where data will be stored.

    - Who will or will not have access to information.

    - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.

- State:

    - Whether or not their participation is voluntary.

    - Their right to leave the project at any time without problems.

    - Possible risks from participation in the project.

    - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms?

Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in Attachment 3, "Sample Consent Forms", of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.